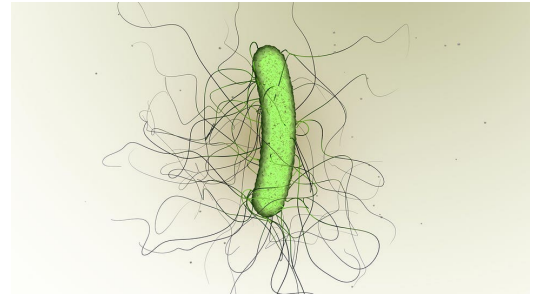


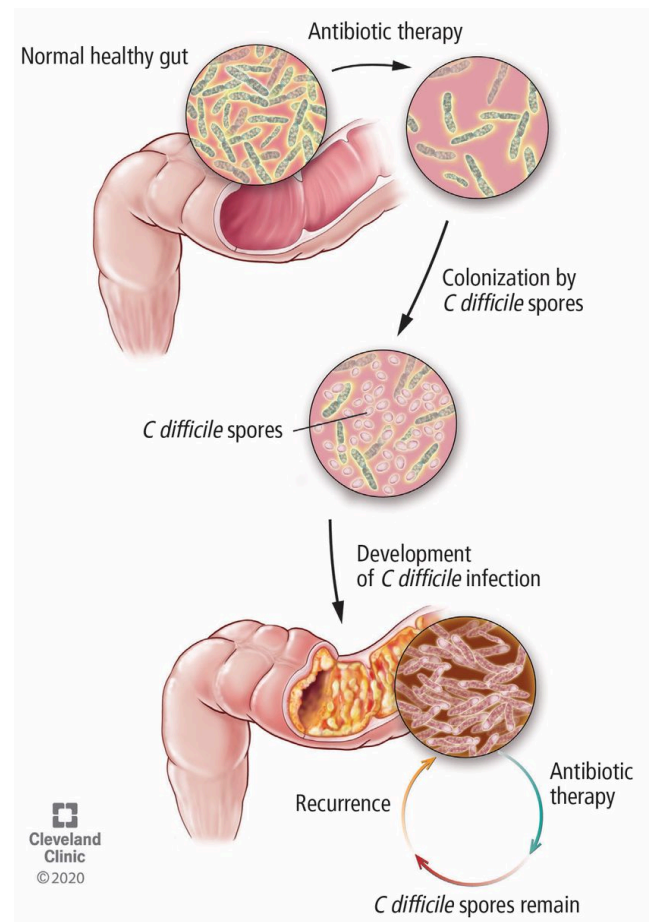
C. diff (also known as *Clostridioides difficile* or *C. difficile*) is a gram-positive bacterium that causes diarrhea and colitis (inflammation of the colon). C. Diff can affect anyone but most commonly occurs after antibiotic use. There are other risk factors which include being 65 or older, a recent hospital stay, a weakened immune system, or a previous C. diff infection. It is estimated that almost half a million C. diff infections occur every year in the United States alone. C. diff is contagious and about 1 in 6 patients who get C. diff will get it again in the subsequent 2-8 weeks.



Symptoms of C. diff often begin within 5 to 10 days after starting an antibiotic and can include diarrhea, fever, stomach pain and tenderness, loss of appetite, and nausea. A C. diff infection that is severe and sudden can cause the colon to become inflamed and get larger, called toxic megacolon. Infected tissues can bleed and produce pus which can cause sepsis leading to damage to the body's own tissues. Other complications include dehydration, kidney failure, bowel perforation, and in severe cases death.

C. diff bacteria enters the body through the mouth and begins replicating in the small intestine. When it reaches the colon, a part of the large intestine, the bacteria can release toxins and damage the tissue. These toxins destroy cells and cause watery diarrhea. Outside of the colon, the bacteria can live for a long time in spore form but are not active. The bacteria typically live in human or animal feces, surfaces in a room, unwashed hands, soil, water, and food. Spores are extremely resistant to disinfectants and can persist for more than 12 months in dry, inanimate environments with little loss of viability. When the bacteria find their way into a person's digestive system, the spores germinate and grow out as a vegetative cell and become active again and cause infection. Some people carry C. diff bacteria in their intestines but never get sick from it – these people are carriers of the bacteria and spread the infection without being sick.

Clindamycin, Cephalosporins, Penicillins, and Fluoroquinolones are the antibiotics that most commonly lead to C. diff infections. The intestines host a wide array of bacteria, most of which protect the body from the infection. Antibiotics that treat an infection tend to destroy the helpful bacteria in the body as well as the bacteria causing infection. Without enough helpful bacteria, C. diff can grow out of control quickly. Proton pump inhibitors can also increase the risk of a C. diff infection by lowering stomach acid and changing the pH of the environment that helpful bacteria thrive in.



Candida, which is a part of the normal gut microbiota, can also cause infection due to antibiotic use. Studies have shown that a *C. diff* infection can predispose a *Candida spp.* overgrowth in the gut. *C. diff* was significantly associated with gut colonization by *Candida spp.* (83% in *C. diff*-positive vs. 67% in *C. diff*-negative), with *Candida albicans* being the species most often implicated.³ This phenomenon can be attributed to antibiotics use against both *C. diff* and/or the concomitant infections that precede *C. diff* colitis by reducing gut commensal competitors, as well as to direct interactions between *Candida spp.* and *C. diff*.

Wellness Recommendation

The recommendation for *C. diff* and toxic megacolon includes Difficin, Probiosis, Whitehead, and Luna. Difficin helps remove damp heat from the intestines. It helps clear bacterial infections caused by *C. diff* in the intestines. Difficin also helps nurture the Yin and clear the blood stasis in the intestines to help repair intestinal damage. Herbal ingredients in Difficin have been shown to promote mucosal healing and host-microbiota communication.¹ Probiosis and WhiteHead are also required to help reduce intestinal inflammation and clear coinfections caused by other types of bacteria. Herbal ingredients in Probiosis have been shown to have strong antibacterial properties against gram-positive bacteria and can significantly influence structures of the cell wall.² Luna nurtures small intestine yin to restore normal function of the small intestine and aid in the regulation of bowel movements.

Patients can experience symptom improvement with less diarrhea, decreased stomach upset and cramping and improved appetite in 3 days. Significant improvement can be achieved in 6 weeks to 2 months. It is recommended to start the formula at full dose during the first four weeks followed by 2/3rd dose for the remainder of the protocol. 2/3rd dose of Probiosis, WhiteHead, and Luna are also recommended.

After 6 weeks to 2 months, it is recommended to remove Luna, WhiteHead, and Probiosis. It is recommended to add Weislim to remove excess Damp from the GI tract while continuing on with Difficin for an additional 6 weeks.

For patients with a Candida infection as well, Formula F and Formula G are also required to help clear the fungus coinfection. Herbal ingredients in Formula F have been shown to act as antifungal agents and inhibit the growth of *C. albicans* as well as prevent yeast-hyphal transition.⁴

Selected Case Studies

Case 1: Improvements in GI Symptoms & Quality of Life in *C. Difficile* Patient

Erin Thole, CNHP, Digestive Specialist, TX

A middle-aged male patient had been suffering with GI issues including diarrhea and stomach cramping. After eating, he would need to immediately use the restroom. He also had low energy and sugar cravings. He was unsure what was causing these issues but they had taken a toll on his quality of life.

He met with the practitioner, Erin Thole, who found he had high levels of intestinal inflammation as well as imbalanced hormone levels. She started the patient off on Wei Labs herbal formulas including Probiosis to address the inflammation, Whitehead to address the diarrhea, and Spring Capsule to address the damaged GI tissues. He saw a little improvement but nothing significant. They ran a stool test which showed the patient tested positive for *C. diff*.

Based on this diagnosis, the practitioner adjusted the protocol to include Probiosis, Luna, Difficin, and Whitehead. Difficin helps remove infections caused by the C. diff bacterium.

After a week on the protocol, the patient reported that his diarrhea, stomach cramping and upset, and appetite had all improved. He no longer had sugar cravings and he also saw a big jump in his energy levels. His quality of life has greatly improved as he no longer has to worry about frequently using the restroom.

After 6 weeks, he is still seeing great improvements. The practitioner discontinued Luna and added Weislim to remove Damp from the GI tract while continuing on with Difficin. He also started Brown and LC Balancer to start addressing his hormonal issues.

Case 2: Elimination of C. Diff and Co-infections

William Nelson, ND, AZ (December 2023)

A 22-year-old male patient with a history of chronic antibiotic usage for acne had complaints of extreme gastritis and burning skin on his face, forehead and scalp. A recent ferritin levels were at 630 ng/mL, iron saturation was 63%, and platelets were at 119. It was determined by a stool analysis that after taking Doxycycline for 2 years, he had elevated Clostridioides difficile Toxin A and B, Staph aureus and leaky gut. He was experiencing acne, eczema, constipation, cramping, flu-like symptoms, sluggishness, fatigue due to waking up between 10 and 15 time during the night for no apparent reason, weight loss, pain in his intestines, and anxiety due to his conditions.

A protocol consisting of Difficin, Luna, Probiosis, Trinicin, and WhiteHead was recommended for the patient. Difficin helps clear bacterial infections caused by C. diff in the intestines and works to repair intestinal damage. Probiosis and Whitehead also work to reduce intestinal inflammation and clear coinfections. Luna restores the normal function of the small intestine to aid in the regulation of bowel movements. Trinicin was also added into the protocol to remove heat from the three burners and to clear the toxicity and allergic reactions caused by bacterial toxins as well as reduce inflammation. The patient was also already taking a probiotic, aloe vera, slippery elm, marshmallow and berberine prior to starting the Wei protocol. This protocol was recommended for about three and a half months.

After the first week of the protocol, the patient noticed significantly less pain, less constipation and more regularity in his bowel movements. He did notice a red, itchy rash similar to his eczema flare ups. After troubleshooting him the Bitter formula to reduce heat in the blood, his eczema symptoms disappeared after a few days (It was later determined candida was detected in the patient and further protocols were discussed after completion of the initial protocol) Just ten days into the protocol, the patient said his stomach was feeling better, was only waking up one time in the night and felt a lot more rested.

Once the first month completed, the patient started on a reduced dosage of the same formulas. After two days, the patient noticed the constipation returning as well as the insomnia. The patient was recommended to start again on a full dosage and his symptoms were resolved. He was able to reduce the dosage back down for the last month and his symptoms stayed eliminated. One week before the end of the protocol and the patient had blood work done. His ferritin levels decreased from 630 ng/mL to 322ng/mL, iron

saturation from 63% to 41% and his platelet count improved from 119 to 145. His doctors believe the infection is cleared now that his markers are now in normal range.

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